



Accounting for periodic contraception: lessons from qualitative work in Ghana

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Acknowledgements

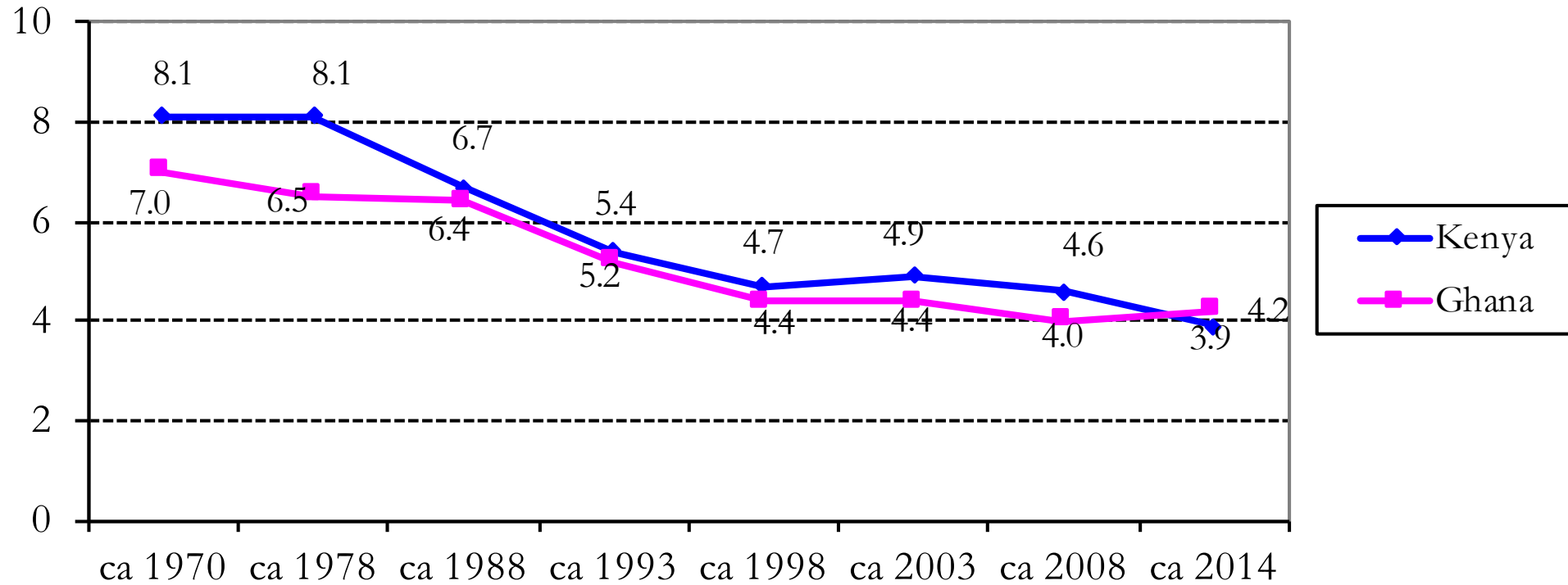
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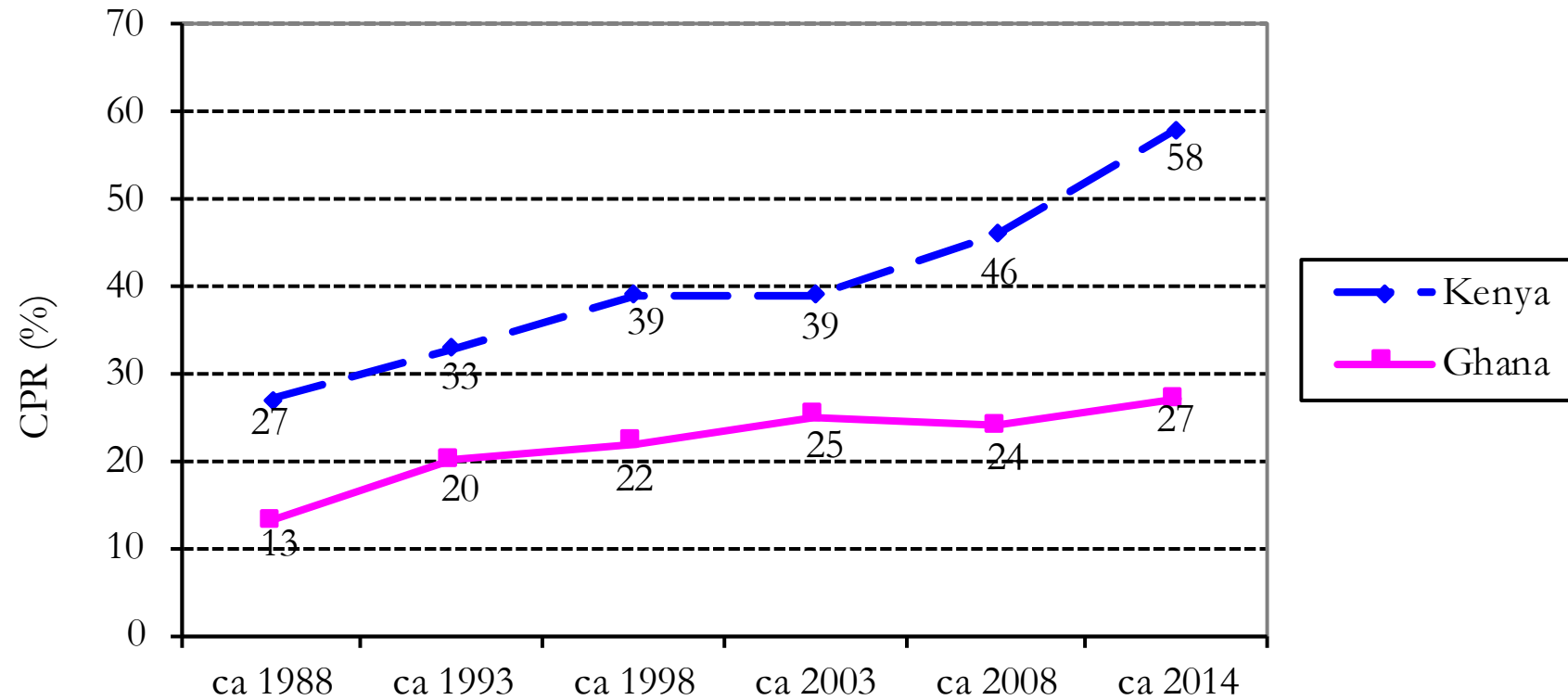
Fertility trends in Kenya and Ghana (1970-2014)



Data source: World Fertility Surveys and Demographic and Health Surveys

Askew, I., Maggwa, N. and Obare, F. (2017), *Fertility Transitions in Ghana and Kenya: Trends, Determinants, and Implications for Policy and Programs*. *Population and Development Review*, 43: 289–307. doi:10.1111/padr.12010

Contraceptive use among currently married women in Kenya and Ghana – all methods, 1988-2014



Data source: Demographic and Health Surveys

Askew, I., Maggwa, N. and Obare, F. (2017), *Fertility Transitions in Ghana and Kenya: Trends, Determinants, and Implications for Policy and Programs*. *Population and Development Review*, 43: 289–307. doi:10.1111/padr.12010



Ghana modern method use

- Richest quintile have lowest modern contraceptive prevalence (mCPR)
- Urban has lower mCPR than rural
- More educated have lower mCPR than primary educated
- Yet lowest fertility is among the richest, most educated and urban women.

Askew, I., Maggwa, N. and Obare, F. (2017), Fertility Transitions in Ghana and Kenya: Trends, Determinants, and Implications for Policy and Programs. Population and Development Review, 43: 289–307. doi:10.1111/padr.12010



Abortion underreporting?

- Ghana 2007 abortion data (likely underestimates) show urban/rural differences, wealth differences
- BUT also evidence that abstinence underreported in DHS - are women switching from contraception to abstinence and abortion?

Staveteig S: **Understanding unmet need in Ghana: results from a follow-up study to the 2014 Ghana Demographic and Health Survey.** *DHS Qualitative Research Studies 20.* Rockville, Maryland, USA: ICF International; 2016.

Methods

- Qualitative, mixed method study in Accra
 - Purposive and snowball sampling to elicit accounts from different age groups
 - 48 women in (or had been in) unions participated all with secondary or higher education

Age range	In depth interviews (N)	Focus group discussions (N)
18-24	8	1
25-39	12	1
40-49	5	1
Total participants	25	23



Counting days

- Taken for granted part of life – not necessarily made explicit

Interviewer: Okay, all right, apart from this period where you used... tried the condom and the spermicides, have you ever tried any [other] methods [to prevent pregnancy]?

No, no those are the only two methods that I have tried. [...] he is gotten to know about my cycle.

Interviewer: Okay.

And so he knows when I am safe, and when am not safe.

Interviewer: Okay.

And so that is what he usually uses. Any time that we want to have sex, it's around the times that I am safe.



Counting days

R told us she uses condoms 'throughout', then says:

If it happens that [...] I run out of stock [of condoms], I can use either withdrawal or I can use my calendar to calculate it, yeah. So at almost every point in time I do know my cycle.



Multiple method combinations

- Typical combination: 'counting days' + withdrawal in the 'unsafe' days + oral emergency contraceptive pills (ECPs) if needed
- Other combination included 'counting days' + sporadic condom use in the 'unsafe days'; 'counting days' + withdrawal etc.
- The exact combinations employed depended on circumstances and varied across menstrual cycles, making **contraceptive 'mosaics'**



Multiple method combinations and mosaics

- Likely to be missed by DHS
 - No prompt to encourage multiple method reporting for 'current use' question
 - Rhythm method defined: **“to avoid pregnancy, women *do not have sexual intercourse on the days of the month they think they can get pregnant.*”** but 'counting days' if seen as a method at all, usually involves periodic contraception, not abstinence
- Direct questions about calendar methods yield much higher prevalence



What explains fertility practices in Ghana?

- Social-psychological dimensions help explain practices
- Fertility practices help maintain or express social identity
- We examined how women navigate conflicting social demands on their identity – pressure to have career but also be a ‘good wife’



Secrecy and silence

Hiding contraception use and avoiding talking about it



Secrecy and silence

I: So how would you protect yourself from getting pregnant?

R: I don't know. I pray that he agrees that [to use her preferred method]. If not, we have to give birth to about twenty kids.

(individual interview)



Secrecy and silence

Some, some of them [contraceptive methods] are very inconvenient, but this one, once you have your jab [i.e. injectable contraceptive], even your husband will not even know or your partner will not even know that you have done something so...

(focus group discussion extract)



Secrecy and silence

I: Was he aware you were using the Secure [daily pill]?

R: No, no, he wasn't aware.

I: Why didn't you tell him?

R: (laughs) No, no he wouldn't agree, because he was saying that there was some side effects so...

(Individual interview)



Wanting to be fertile and protecting menses

Bodily autonomy; menses as a key indicator of fertility; fear of infertility

Tolerating uncertainty

Combining methods to be in control, yet feeling uncertain:
“I see my monthly cycle: Oh! I thank God!”

Tolerating uncertainty

I don't know about other women, but I start it [having sex] at dawn. It's cooler that way [both laugh], it cooler that way so at dawn you go for the raw meat, and then maybe later in the day after breakfast lunch you want to go for the condom, and then in the evening you want, you just want it all in, and afterwards you go for the EC pill. [...] You can try all styles you want [both laughing] without being bothered. [laughs] Yeah and then the disadvantage: one is, um, the skin to skin sometimes you start thinking 'ey there's a little bit stuck in me', like it's not a fun thing, the afterthoughts... the afterthoughts... but apart from that you enjoy everything else.[...] It's fun that way besides it's... Apart from the fact that you have, you will be insecure after the sexual intercourse, maybe, especially if you are skin to skin and... or for the withdrawal method you will be a bit insecure till you see your next period you... It's fun it's like you taken some risk and then... [...] I really have a lot of sex and then um I see my monthly cycle: Oh! I thank God! I get happy! [laughter] I get so excited I don't even think about the pain that it will bring but just the fact that it came! Oh! It's just good news!

(Individual interview)



Conclusions

- Traditional methods need to be considered carefully in surveys – better questions may be needed
- Investigating women's experiences in depth can help illuminate perplexing quantitative findings
- Traditional method use is a way to navigate complex social pressures
- Hidden use of modern methods and abortion may make calendar methods seem artificially reliable and further encourage use
- Programmes that tackle social as well as medical issues will be key to increasing uptake of modern methods

More detail:

Improving surveys of contraceptive use and accounting for periodic contraception: lessons from qualitative research in Ghana

Cicely Marston, Alicia Renedo, Gertrude Nsorma Nyaaba, Kazuyo Machiyama, Placide Tapsoba and John Cleland

Fertility regulation as identity maintenance: understanding the social aspects of birth control

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